MARYLAND STATE DEPARTMENT OF HEALTH

04473

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Annapolis AA — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place) 53	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 32 Washington	STREET ADDRESS (If rural give location) 32 Washington

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	A.	Adams	5	1	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Negro		12-1-1894	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Odd jobs	Annapolis, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Adams	Mary Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Lucille Bryant

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Dilatation of Heart	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Disease	unknown
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

422.1
93d

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John M. Caffy	M.D. Deputy Medical Examiner	Annapolis Md	5/2/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
B	5-4-51	St. Mary's Cemetery	Annapolis	Md.

DATE REC'D BY LOCAL REC.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/3/51	A W Hedrick	William Reese,	108 Washington Annapolis, Md.

VS. A15A

VJT

930 AA

MARYLAND STATE DEPARTMENT OF HEALTH

04474

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn 25
LENGTH OF STAY (In this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5113 - Brookwood Road.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 1725 - Selma Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ATHERTON - ADELINE - AMES.

4. DATE OF DEATH (Month) (Day) (Year): May 1st 1951

5. SEX: Female.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single.

8. DATE OF BIRTH: 6/20/83

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Worcester, Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Galen P. Atherton

14. MOTHER'S MAIDEN NAME: Lucia Haskellon.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 217-30-2591

17. INFORMANT: Mrs. Sherman H. Atherton.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Sudden

420.11

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gustave N. Faubert - M.D. Assistant Deputy Md. Examiner. Glen Burnie Md. 5/15/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: MAY - 6 - 1951

NAME OF CEMETERY OR CREMATORY: LOUDEN PARK. CEM.

LOCATION (City, town, or county) (State): BALTIMORE MD.

DATE REC'D BY LOCAL REG. 5 - 4 - 51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Joseph T. Lambros Jr. 1343 Dolfield Spring Rd.

720826

MARYLAND STATE DEPARTMENT OF HEALTH

04475

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millersville
STREET ADDRESS (If rural, give location): Millersville Post Office

3. NAME OF DECEASED (Type or Print): (First) WILLIAMS (Middle) E (Last) BALDWIN, SR.

4. DATE OF DEATH: (Month) May (Day) 19, (Year) 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 6, 1868

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tobacco Farmer

11. BIRTHPLACE (State or foreign country): Prince George County, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Baldwin

14. MOTHER'S MAIDEN NAME: Elizabeth Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mr. Wm. E. Baldwin Jr. Millersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Infarction	2 day
156.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46?	(b) Carcinoma of liver ?	6 ± Mon
	(c) Benign Prostatic Hypertrophy	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —
(CITY OR TOWN): —
(COUNTY): —
(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15/, 1951, to 5/19, 1951, that I last saw the deceased alive on 5/19/, 1951, and that death occurred at 6:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank M. Shipley, MD 63 College Ave. Annapolis, 5/22/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: May 22, 51
NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG.: May 22, 1951
REGISTRAR'S SIGNATURE: M. E. Brueck
24. FUNERAL DIRECTOR ADDRESS: B.L. Hopping and Son Annapolis, Md.

100105

MARYLAND STATE DEPARTMENT OF HEALTH 04476

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A. A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport — STREET ADDRESS (If rural, give location) 509 Chesapeake Ave.

3. NAME OF DECEASED (Type or Print): (First) Patricia (Middle) Ann Baby Girl (Last) Ball

4. DATE OF DEATH: (Month) 5 (Day) 13 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 5-12-51

9. AGE last birthday: yrs. — If under 1 year: Months — Days 1 — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Annapolis Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George L. Ball III

14. MOTHER'S MAIDEN NAME: Mildred Ann Pembold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: George L. Ball III Eastport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Prematurity (8 weeks)	
761.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 760 c	(b) Placenta Previa (Profuse Bleeding before delivery)	3 days.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-12, 1951, to 5-13, 1951, that I last saw the deceased alive on 5-13, 1951, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

George C Ball M. D. Annapolis Md 5-14-51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 5-16-51 — NAME OF CEMETERY OR CREMATORY Family Plot — LOCATION (City, town, or county) (State) Annapolis Neck Md.

DATE REC'D BY LOCAL REG. May 16, 1951 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS John M. Taylor Son Annapolis Md

206-12127232

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04477

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
LENGTH OF STAY (in this place): 4 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 214 Greenway S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural, give location): 214 Greenway, S.E.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) F (Last) Bass

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Seperated

8. DATE OF BIRTH: Feb. 18, 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Maker (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Norfolk Navy Yd.

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Augustus A. Bass

14. MOTHER'S MAIDEN NAME: Mary Goldsborough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Lillian Hubbard 214 Greenway, S.E. Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Sudden

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Amputation of both legs in Mid thigh

(c) 1939-1947

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Kenton A. Faucher M.D. Asst. Deputy Medical Examiner Glen Burnie, Md 5/15/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 18, 1951 | NAME OF CEMETERY OR CREMATORY: Bass Private Cemetery | LOCATION (City, town, or State): Norfolk, County, Va.

DATE REC'D BY LOCAL REG. 5/16 | REGISTRAR'S SIGNATURE: L. J. Dalb

24. FUNERAL DIRECTOR ADDRESS: Thomas W. Singleton, Glen Burnie, Md

503378

Item 9 on:

FILM No. G 1 2 MAY 15 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04478

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY: Anne Arundel — AA General Hospital — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frnaklin St. Belt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 13 Dean

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) (Last) Belt

4. DATE OF DEATH: (Month) 5 (Day) 6 (Year) 1951

5. SEX: M

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 7-1-1874

9. AGE last birthday: XX 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Florist

11. BIRTHPLACE (State or foreign country): West River, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wesley Belt

14. MOTHER'S MAIDEN NAME: Martha Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Leroy Belt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis Chr. + Myocardial — Several

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia — 4 days

932 (c) Arteriosclerosis generalized — Several yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy Benign — Several yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to May 7, 1951, that I last saw the deceased alive on May 7, 1951, and that death occurred at 4.7 m., from the causes and on the date stated above.

SIGNATURE: Lucy C. Boone (Degree or title) M. D. ADDRESS: Annapolis Md. DATE SIGNED: 5-8-51

23. BURIAL, CREMATION, REMOVAL (Specify): B

DATE THEREOF: 5-9-51

NAME OF CEMETERY OR CREMATORY: Brewer Hill

LOCATION (City, town, or county) (State): Annapolis AA Md.

DATE REC'D BY LOCAL REG. 5/9/51

REGISTRAR'S SIGNATURE: W. D. Brewer

24. FUNERAL DIRECTOR ADDRESS: Wm. Reese II, 108 Wash. St. Annapolis, Md. 48689

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04479

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Dunkley~~ ~~Baltimore~~; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 533 Annabel Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~ Brooklyn; STREET ADDRESS (If rural, give location) 533 Annabel Ave

3. NAME OF DECEASED (Type or Print): (First) Blanche (Middle) (Last) Bents

4. DATE OF DEATH: (Month) 5 (Day) 29 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married

8. DATE OF BIRTH: July 27-1886

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nicholas Connor

14. MOTHER'S MAIDEN NAME: Mary Forrest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Lambert W. Bents 533 Annabel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Acute Coronary Occlusion — 6 hrs -

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Renal Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Colitis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 21, 1940, to MAY 29, 1951, that I last saw the deceased alive on MAY 28, 1951, and that death occurred at 4 A- m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Lubin M.D. — ADDRESS 320 Patapsco Ave - Baltimore - Md - — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6-1-51 | NAME OF CEMETERY OR CREMATORY Holy Cross | LOCATION (City, town, or county) (State) Brooklyn Md

DATE REC'D BY LOCAL REG. 5/31/51 | REGISTRAR'S SIGNATURE a W Hedrick | 24. FUNERAL DIRECTOR Leonard J Ruck | ADDRESS 5305 Wayford Rd

NT

04480

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jacobsville (Pasadena P.O.) — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Back of Jacobsville School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jacobsville (Pasadena P.O.)
STREET ADDRESS (If rural, give location) Back of Jacobsville School

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles		Boone	May	16,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	widower	Sept. 29, 1861	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (Ret.)	own farm	Anne Arundel Co., Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Boone	Alverta (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Phillip Cook - Pasadena P.O. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	cerebral hemorrhage	6 months
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a (b)	Hypertension	unknown
(c)	arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 10, 1950, to May 15, 1951, that I last saw the deceased alive on May 15, 1951, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Randall M. McLaughlin, M.D.	Pasadena P.O., Md.	May 16, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	19 May 16, 1951	Magothy Church Cem.	Magothy, A.A.Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/17/51	L. J. DeAlba	R V Singleton	Glen Burnie

100105

MARYLAND STATE DEPARTMENT OF HEALTH

04481

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 129 West St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Brady

4. DATE OF DEATH: (Month) (Day) (Year) May 28, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 3 - 1882

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter (House)

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John L. Brady

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mr. Hurbert Brady West St. Annapolis, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Chronic — 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 443X 932 (b) Arteriosclerosis — 5 yrs

(c) Hypertension — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Benign Prostatic Enlargement — 5 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1950, to May 28, 1951, that I last saw the deceased alive on May 28, 1951, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE: George C. Bard — (Degree or title) M. D — ADDRESS Annapolis Md. — DATE SIGNED 5. 31. 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 31, 1951 — NAME OF CEMETERY OR CREMATORY: Dunkirk Cemetery — LOCATION (City, town, or county) (State): Dunkirk, Maryland

DATE REC'D BY LOCAL REG.: May 31, 1951 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR — ADDRESS: B.L.Hopping and Son Annapolis, Md

5642 46

MARYLAND STATE DEPARTMENT OF HEALTH

04482

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mayo
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Beverley Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mayo
STREET ADDRESS (If rural, give location): Beverley Beach

3. NAME OF DECEASED (Type or Print): (First) EVA (Middle) Sedonia (Last) BRASHEARS

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Nov. 15, 1918

9. AGE last birthday: 32 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John N. Collison

14. MOTHER'S MAIDEN NAME: Susan Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: John N. Collison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Status epilepticus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William J. Smith (Degree or title)
ADDRESS: 700 Fleet St., Baltimore 2, Md.
DATE SIGNED: May 16, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 18, 1951
NAME OF CEMETERY OR CREMATORY: Mayo Memorial Methodist
LOCATION (City, town, or county) (State): Mayo Maryland

DATE REC'D BY LOCAL REG.: May 17, 1951
REGISTRAR'S SIGNATURE: D.L. Clayton Dep. Reg.

24. FUNERAL DIRECTOR: B.L. Hopping and Son
ADDRESS: Annapolis, Md.

220826

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04483

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookwood P.O. Millersville | LENGTH OF STAY (In this place) 5 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 645 N. Paca St.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Brown
4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11/28/14
9. AGE last birthday: 36 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: unk.
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter D. Brown
14. MOTHER'S MAIDEN NAME: Mary Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Lillie M. Collens (sister) 439 E. Twenty third St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple burns over body and

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) limbs and face. — Sudden

(c)

816.5
170C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Route 2. (CITY OR TOWN) P.O. Millersville (COUNTY) A.A. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 5/5/51 24 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile collision.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title): Gustave A. Faulenbush M.D. Asst. Pathologist | ADDRESS: Md. Casualty Md. Casu. Glen Burnie, Md. | DATE SIGNED: 5/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5/8/51 | NAME OF CEMETERY OR CREMATORY: Mt Calvary | LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG. 5/7/51 | REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR: Leo B. Kelson | ADDRESS: 1303 Presstman St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04484

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville; LENGTH OF STAY (in this place): 2 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City; STREET ADDRESS (If rural, give location): 411 N. Carey Street

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Brown

4. DATE OF DEATH: (Month) 5 (Day) 15 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1908

9. AGE last birthday: 43 yrs. If under 1 year: Months — Days —. If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Shippyard

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Paresis — Interval Between Onset and Death: Known to us since 3/17/51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

C25 X 30 b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/17, 1951, to 5/15, 1951, that I last saw the deceased alive on 5/15, 1951, and that death occurred at 2:23 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): David Armentrout M.D. ADDRESS: Crownsville, Maryland DATE SIGNED: 5/15/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 5/21/1951 NAME OF CEMETERY OR CREMATORY: Petersburg Va. LOCATION (City, town, or county) (State): Petersburg Va.

DATE REC'D BY LOCAL REG. 5/19/51 REGISTRAR'S SIGNATURE: C W Hedrick

24. FUNERAL DIRECTOR: Mrs Katie R. Williams ADDRESS: 322 S. Schrader St

JCL

970378

Dr. Richardson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04485

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (In this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md.
STREET ADDRESS (If rural, give location) R 4 Box 1090 Annapolis, Md.

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) T. (Last) Brown
4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug 1891
9. AGE last birthday: 60 yrs. | If under 1 year: Months 9 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Woodsdale N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robin Brown
14. MOTHER'S MAIDEN NAME: Eliza Beard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) no
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Lucy Brown Annapolis.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho-Pneumonia	May 21, 1951
590X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107	(b) Acute Nephritis	March 1951
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None	

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to May 28, 1951, that I last saw the deceased alive on May 28, 1951, and that death occurred at 4:35P m., from the causes and on the date stated above.

SIGNATURE: R. L. Richardson (Degree or title) MD ADDRESS Annapolis Md. DATE SIGNED 5/31/51

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF May 31 1951 | NAME OF CEMETERY OR CREMATORY Prospect Hill Gardens | LOCATION (City, town, or county) A. A. | (State) Md.

DATE REC'D BY LOCAL REG. May 31, 1951 | REGISTRAR'S SIGNATURE [illegible] French

24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis

5702-16

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04486

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Railroad Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS (If rural, give location) Railroad Ave

3. NAME OF DECEASED (Type or Print): (First) LEMUEL (Middle) BOGART (Last) BULL

4. DATE OF DEATH: (Month) MAY (Day) 18 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: JUNE 20, 1890

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: National Plastic

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: MELVIN BULL

14. MOTHER'S MAIDEN NAME: ADELIA TROTTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-26-8679

17. INFORMANT AND ADDRESS: JAMES BULL, ODENTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) SUICIDE by Shot gun wound in head — 976X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) — 164c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Home
(CITY OR TOWN) Odenton (COUNTY) A.A. (STATE) Md
TIME OF INJURY (Month) May (Day) 18 (Year) 1951 (Hour) 7 20/60 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Single barrel shot-gun wound in head.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
John M. Laffey M.D., Deputy Medical Examiner, Annapolis Md 5-18-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: MAY 20, 1951 — NAME OF CEMETERY OR CREMATORY: CHURCH OF GOD — LOCATION (City, town, or county) (State): GAMBRILLS MD

DATE REC'D BY LOCAL REG. 5/19/51 — REGISTRAR'S SIGNATURE: L. J. deAllen

24. FUNERAL DIRECTOR: Swingleton — ADDRESS: Glen Burnie, Md

970399

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04487

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pumphrey
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 76 Belle Grove Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 622 West Lee

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) ARTHUR (Last) BUTTS
4. DATE OF DEATH: (Month) MAY (Day) 6 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Dec 25 1901
9. AGE Last birthday: 49 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Portsmouth Va
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Randall Butts
14. MOTHER'S MAIDEN NAME: Hannah Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Beatrice Beyno 1830 Clifton ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hanging by neck — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

974X
164a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) Pumphrey (COUNTY) A.A. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) about May 2 1951 2 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Hanged by neck to tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John N. Kelly M.D. Deputy Medical Examiner
ADDRESS Annapolis Md
DATE SIGNED 5/6/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/8/51
NAME OF CEMETERY OR CREMATORY Mt Calvary cem.
LOCATION (City, town, or county) Brooklyn (State) Md

DATE REC'D BY LOCAL REG. 5/8/51
REGISTRAR'S SIGNATURE R. W. Hedrick
24. FUNERAL DIRECTOR Elroy O. Wilson
ADDRESS 1100 Brantley Balt

970726

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04488

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; LENGTH OF STAY (in this place) 3YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 102 Fourth Ave. S.W.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; STREET ADDRESS (If rural, give location) 102 Fourth Ave., S.W.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) B. (Last) Callaghan

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 26, 1903

9. AGE last birthday: 48 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher, A.A.Co. Jr. High

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Steelton, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dennis J. Callaghan

14. MOTHER'S MAIDEN NAME: Margaret Monahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miriam A. Callaghan, 102 Fourth Ave., S.W. Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion, Recurrent	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus, early.	2 definite
260X 61	(c) Obesity	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17, 1951, to 5/12, 1951, that I last saw the deceased alive on 5/9, 1951, and that death occurred at 4:10A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F.W. Richard M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: May 15, 1951 | NAME OF CEMETERY OR CREMATORY: Mt. Calvery | LOCATION (City, town, or county) (State): Harrisburg, Dauphin, Co. Pa.

DATE REC'D BY LOCAL REG. 5/14/51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Thomas W. Singleton, Glen Burnie, Md.

Rec'd 5/18/51 B.V.S.

VS. A15


RECEIVED
MAY 16 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04489

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

V.S. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn 25 — LENGTH OF STAY (In this place) Few months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Patapsco River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn 25
STREET ADDRESS (If rural, give location) 327 - Patapsco River

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leroy	Oliver	Calvert	May	22	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Single		14 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pupil (High School)		Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sullivan Thomas Calvert	Helen Buckstein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	M. T. Calvert (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 **Immediate cause** (a) Accidental Drowning — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

183 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Patapsco River	Brooklyn 25	A.A.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
5	22	51	6:45 p.m.			Accidental Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gustave H. Brandenburg	Assistant Deputy Medical Examiner	Glen Burnie Md.	5/24/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 26, 1951	Cedar Hill	Anne Arundel County Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/25/51	Ida M. Whitson	James L. McCully	130 E. Fort Ave

Dr Bond

MARYLAND STATE DEPARTMENT OF HEALTH

04490

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Kent Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riva
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: River View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis,
STREET ADDRESS (If rural, give location): 34 East Street

3. NAME OF DECEASED (Type or Print): (First) PETE (Middle) (Last) CARDES

4. DATE OF DEATH: (Month) (Day) (Year) May 3, 1951 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 5, 1883

9. AGE last birthday: 67 yrs. — If under 1 year: Months 11 — Days 28 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Retail Candy store

11. BIRTHPLACE (State or foreign country): Grease

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: Personal Records of Mr Cardes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis Chr. + Myocardial — 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Stuffiness — Some Years
(c) Arteriosclerosis Generalized — Some Years

443x
793

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — Some Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1951, to May 3, 1951, that I last saw the deceased alive on April 30, 1951, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE: George C. Bond (Degree or title) M.D. ADDRESS: Annapolis Md DATE SIGNED: 5-4-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 7, 1951 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG. 5/4/51 — REGISTRAR'S SIGNATURE: W. J. French

24. FUNERAL DIRECTOR ADDRESS: B.I. Ibbping and Son Annapolis, Md.

240636

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04491

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY aa — MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Tracys Landing
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY aa
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Tracys Landing
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Franklin (Last) Catterton

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1951

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: Oct 1898 | 9. AGE last birthday: 52 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard E Catterton
14. MOTHER'S MAIDEN NAME: Carrie E Chaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes
16. SOCIAL SECURITY NO.: 214-14-2671
17. INFORMANT AND ADDRESS: Mrs Wilson Chaney, owings Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of stomach — 7 mos

151 X 46 b — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: March 10, 1951 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1951, to May 4, 1951, that I last saw the deceased alive on May 3, 1951, and that death occurred at 8.42 A.M., from the causes and on the date stated above.

SIGNATURE: H W Ward (Degree or title) ADDRESS: Owings Md. DATE SIGNED: 5/4/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5/6/51 | NAME OF CEMETERY OR CREMATORY: Mt Harmony Cem | LOCATION (City, town, or county) (State): Mt Harmony

DATE REC'D BY LOCAL REG.: 5/5/51 | REGISTRAR'S SIGNATURE: D.M. Clayton | 24. FUNERAL DIRECTOR: Harry E Hutchison | ADDRESS: Owings - Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04492

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sillery Bay, Pasadena — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sillery Bay, Pasadena
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ZACHARY (Middle) T. (Last) CHELTON

4. DATE OF DEATH: (Month) (Day) (Year): May 18, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 19, 1877

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): District Manager

10b. KIND OF BUSINESS OR INDUSTRY: Boyer Transfer Co

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Zachary T. Chelton

14. MOTHER'S MAIDEN NAME: Anna Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Ruth R. Chelton, Sillery Bay, Pasadena

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute myocardial infarction	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive heart failure	4 years
	(c) arteriosclerosis	unknown

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to May 18, 1951, that I last saw the deceased alive on May 17, 1951, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Randall M. McLaughlin M.D. — ADDRESS: Pasadena P.O., Md. — DATE SIGNED: May 18, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-24-51 — NAME OF CEMETERY OR CREMATORY: Mountcastle — LOCATION (City, town, or county): Edgemere Co — (State): Md

DATE REC'D BY LOCAL REG.: 5/21/51 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

290526

Item 9 Film G133 6/5/51 w.w.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04493

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH
COUNTY: Anne Arundel County — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville State Hosp. — LENGTH OF STAY (in this place): 1yr. 7mts
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: 1524 Payson St, Balt. — COUNTY: Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): same as above

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Moses (Last) Christopher

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: ?

9. AGE last birthday: ?73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Longshoreman

10b. KIND OF BUSINESS OR INDUSTRY: Shipyeards

11. BIRTHPLACE (State or foreign country): Granada Close to Jamica

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ----

14. MOTHER'S MAIDEN NAME: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Psychosis with Cerebral Arteriosclerosis — Interval Between Onset and Death: Known to us

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 334/X — since 11/29

(c) 97 — 1949.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ----- PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---- (CITY OR TOWN) ---- (COUNTY) (STATE)

TIME OF INJURY (Month) ---- (Day) (Year) (Hour) ---- m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 11/29/....., 1949., to 5/26/....., 1951., that I last saw the deceased alive on 5/26/....., 1951., and that death occurred at 6:10 P.m., from the causes and on the date stated above.

SIGNATURE: Jacob Marquette M.D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 30-1951 — NAME OF CEMETERY OR CREMATORY: Arbutus memorial Pk. — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 5/28/51 — REGISTRAR'S SIGNATURE: a W Pearce — 24. FUNERAL DIRECTOR: Robert V Williams — ADDRESS: 1515 McElderry St

9405 378

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04494

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. A. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover, R. F. D.	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover, R. F. D.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridge Road.	STREET ADDRESS (If rural, give location) Ridge Road.

3. NAME OF DECEASED (Type or Print)	(First) Etta	(Middle) F.	(Last) Clark	4. DATE OF DEATH	(Month) May	(Day) 1st	(Year) 1951	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
female	white	married	Apr. 8, 1883	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Henry Clark		14. MOTHER'S MAIDEN NAME Harriett Griffith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service)	16. SOCIAL SECURITY No. none	17. INFORMANT AND ADDRESS Mr. John F. Clark - Ridge Rd., Hanover, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardio-Vas. Disease	2 yrs.
443X Antecedent cause(s)	(b) Arteri-sclerosis + Hypertension	3 yrs.
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Uraemia	18 dys.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1st, 1951, to May 1, 1951, that I last saw the deceased alive on May 1, 1951, and that death occurred at 4:15 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Shanks Shipley	M. D.	Savage, Md.	5/1/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/3/51	Glen Haven Cem.	Glen Burnie, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/2/51	A W Bedsaul	Wm. J. Tickner & Sons	Balto Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04495

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY A. A. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Old Annapolis Rd.); LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2802 Delaware Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Old Annapolis Rd.); STREET ADDRESS (If rural, give location) 2802 Delaware Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ALICE	LORENZ	COCKERILL		May	17	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	Apr. 29, 1869	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	?	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Watson Pritchard	? Shores

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no		no	Mr. Howard M. Cockerill- 2802 Delaware Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mitral Stenosis	2 yrs.
443X 92b	(c) Hypertensive Cardio Vascular Disease	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-	-	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
-				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
-			m.		

22. I hereby certify that I attended the deceased from Sept, 1948, to May 17, 1951, that I last saw the deceased alive on May 16, 1951, and that death occurred at 5:15A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John P. Ulrich, Jr	MD	1327 Washington Blvd Baltimore 30 Md	5-18-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/21/51	Meadowridge	Howard Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/24/51	Dan H. Reich Dep	Wm. J. Dickener & Son	Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 04496

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Brookwood P.O. Millersville — LENGTH OF STAY (In this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 639-N. Paca St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Benjamin		Cole	May	5	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	colored.	married	1/27/1908	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Oil Refiner Operator.		New Jersey	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Silas Cole	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Louise Cole (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burns - all over body, and limbs and face. — sudden.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 816.5 170 C

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Route 2	P.O. Millersville	A.A.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
5/5/51 - 2 A.m.		Collision - (automobile)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gustav H. Paulsen M.D.	Assistant Deputy Med. Examiner	Glen Burnie, Md.	5/5/51

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	5/7/51	Charlottsville Va.		

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/7/51	Wm. Hedrick	W. Hatfield - 918 Druid Hill Ave.	Baltimore

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

04497

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (In this place) 10 D.A.; HOSPITAL OR INSTITUTION OR STREET ADDRESS D.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold P.O.; STREET ADDRESS (If rural, give location) Deep Creek

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HERBERT	RAYMOND	COX.	May	27	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Single	Dec. 27 1907	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Atte Projects	West Virginia	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not Known	Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs Flora Robinson, St. Margarets Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Coronary sclerosis	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John M. Clafty M.D. Deputy Medical Examiner	Annapolis Md	5/27/51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	5-30-51	Patuxent Cemt	Patuxent	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 30, 1951	[illegible]	John M. Layla-Son	Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04498

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS County Jail

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 15 Hyde St.

3. NAME OF DECEASED (Type or Print): (First) MARK (Middle) WELLS (Last) DANIELS

4. DATE OF DEATH: (Month) May (Day) 8, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-15-94

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: ~~mk~~

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Not known) Danils

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Lena Ritchie 15 Hyde St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fatty liver

581.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral edema

1248

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒ *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stanley K. Dunlach M.D., 700 Fleet St., Baltimore 2, Md. May 9, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 5/12/51

NAME OF CEMETERY OR CREMATORY: Balto

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 5-11-51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St.

9706

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04499

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn, (Rural); STREET ADDRESS (If rural, give location) Telegraph Road.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) J. (Last) Foster

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 21, 1876

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Howard County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Lyle Foster; Severn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	1 1/2 hr
420.1 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	15 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/27, 1957, to 5/29, 1957, that I last saw the deceased alive on 5/29, 1957, and that death occurred at 12:10 P m., from the causes and on the date stated above.

SIGNATURE: J Bowers M D (Degree or title) ADDRESS: Annapolis Md DATE SIGNED: 5/29/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 1, 1951 | NAME OF CEMETERY OR CREMATORY: Glen Haven | LOCATION (City, town, or county) (State): Glen Burnie, Md.

DATE REC'D BY LOCAL REG. 6/4/51 | REGISTRAR'S SIGNATURE: [illegible] French

24. FUNERAL DIRECTOR: T.W. Singleton, ADDRESS: Glen Burnie, Md.

RECEIVED
JUN 4 1951
BUREAU V. S.

04500

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Worms Creek
STREET ADDRESS (If rural, give location): RFD # 4 Box 904

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Washington (Last) Fowler

4. DATE OF DEATH: (Month) May (Day) 30, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 29, 1951

9. AGE last birthday: 00 yrs. If under 1 year: Months 0, Days 1; If under 24 hrs.: Hours 0, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Lee Fowler

14. MOTHER'S MAIDEN NAME: Gertrude Skock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: David L. Fowler RFD # 4 Annapolis, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 / 159

Immediate cause (a) Premature Birth — Interval Between Onset and Death: 7 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atelectasis — 1 day

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1951, to May 30, 1951, that I last saw the deceased alive on May 30, 1951, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE: George C Bond (Degree or title) M.D ADDRESS: Annapolis Md. DATE SIGNED: 5-30-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 31, 51

NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery

LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG.: May 31, 1951

REGISTRAR'S SIGNATURE: [illegible] French

24. FUNERAL DIRECTOR ADDRESS: B.L.Hopping and Son Annapolis, Md.

205291 244 393

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04501

Reg. Diat. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: A.A. Co.

City or town: Hanover Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: A.A. Co.

City or town: Hanover Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Nursery Road.
(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: Mary Galloway.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	C	Married.

6.(b) Name of husband or wife: Samuel Galloway.

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): August 26, 1868.

8. AGE: Years	Months	Days	If less than one day
82	9 mos.		..... hrs. ..... min.

9. Birthplace: Charles County, Md.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: Frank Watts.
13. Birthplace: Charles Co. Md.

MOTHER
14. Maiden name: Martha ?
15. Birthplace: Charles Co. Md.

16. Informant: Samuel Galloway.
Address: Nursery Road, Hanover Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/17/1950 (month) (day) (year)

Cemetery or crematory: Saints Rest Cem

Location: Harmons Md.

18. Funeral director: Mrs Katie R. Williams

Address: 322 N. Schroeder St.

19. 5/16/1950 (Date rec'd by registrar) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14, 1950, at 3 am M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 1950 to May 14 1950

and that I last saw [illegible] alive on May 13 1950

Immediate cause of death: Cardio Valvular Disease

	DURATION
Due to	
Due to 4-2-1-4	
Other conditions 92d	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [illegible] M. D. or other

Address: Hanover Md. Date signed: 5-16-50

MARYLAND STATE DEPARTMENT OF HEALTH 04502

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Geo. G. Meade — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: New York — COUNTY: Jefferson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Natural Bridge
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Willard	Nelson	Gould	May	29	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	27 July 1930	20 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier	U. S. ARMY	New York	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes 1951	-	Personnel Section, Fort Myer, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
935.4 Immediate cause	(a) Electrocution by lightning	45 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 192	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-	-	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Rifle Range	Fort Geo. G. Meade	Anne Arundel	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☒	Not While At work ☐	HOW DID INJURY OCCUR?
May	29	1951	1300 m.			Deceased was struck by lightning while on rifle range.

22. I hereby certify that I attended the deceased from 29 May, 19 51, to 29 May, 19 51, that I last saw the deceased alive on 29 May, 19 51, and that death occurred at 1345 m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Alfred M. Steinman, 1st Lt MC ALFRED M. STEINMAN, 1st Lt., MC	U. S. Army Hospital Ft. Geo. G. Meade, Md.	29 May 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	29 May 1951	Unknown	Unknown

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5 June 1951	PAUL E. MITCHELL 1st Lt MSC	Lilly & Zieler, Inc.,	Baltimore, Md.

595916

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04503

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MHC. Jessups, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1525 Vine Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Grayson
4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 9-14-14
9. AGE last birthday: 35 6 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffer
10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Annie Mae Haines 1525 Vine St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Exhaustion

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46b (b) Metastatic carcinoma liver, stomach & lungs.

(c) Carcinoma, large intestine — 1½ year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 21, 1950
19b. MAJOR FINDINGS OF OPERATION: Tumor, maligant of large bowel causing Partial obstruction.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1950, to May 26, 1951, that I last saw the deceased alive on May 25, 1951 and that death occurred at 5:25A m., from the causes and on the date stated above.

SIGNATURE John A. Clark (Degree or title) ADDRESS DATE SIGNED 5-27-51
John A. Clark, M.D. Physcian in Charge MHC. Jessups, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/2/1951
NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
LOCATION (City, town, or county): Balto. (State): Md.
DATE REC'D BY LOCAL REG.: 6/1/51
REGISTRAR'S SIGNATURE: A. D. Fedrick
24. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 3221 Edmondson Av

682-646

MAYLAND STATE DEPARTMENT OF HEALTH 04504

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. ....

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - P.O. Millersville — LENGTH OF STAY (in this place) 3 mile
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 1420 - N. Mount St.

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) Prudence (Last) Hailey
4. DATE OF DEATH (Month) May (Day) 5 (Year) 1951

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 11/24/28
9. AGE last birthday 22 yrs. If under 1 year: Months, Days. If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Georges B. Hailey
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-20-6603
17. INFORMANT AND ADDRESS Georges D. Hailey - 576 N. Mary's St. Baltimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple Burns of body

816.5
170c

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) limbs and face — Sudden.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 2 — (CITY OR TOWN) Millersville (COUNTY) A.A. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) May 5 - 1951, 2 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Fanbeaux — (Degree or title) Deputy Med. Exam. — ADDRESS Glen Burnie, Md. — DATE SIGNED 5/5/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-7-1951
NAME OF CEMETERY OR CREMATORY Mount Auburn Cemetery
LOCATION (City, town, or county) (State) Baltimore City Maryland

DATE REC'D BY LOCAL REG. 5/7/51
REGISTRAR'S SIGNATURE B.W. Hedrick — Dom.
24. FUNERAL DIRECTOR ADDRESS Joseph A. Lively 661 West Baker St

VS-A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04505

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville — LENGTH OF STAY (in this place) 1 yr. 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 415 N. Poppleton Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Hammond
4. DATE OF DEATH: (Month) 5 (Day) 29 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 4. 1905
9. AGE last birthday: 46 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver
10b. KIND OF BUSINESS OR INDUSTRY: Box Factory
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A. ?

13. FATHER'S NAME: George Hammond
14. MOTHER'S MAIDEN NAME: Emma Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): War I
16. SOCIAL SECURITY No.: - - - -
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X — Immediate cause (a) Cerebral Hemorrhage — Known to us since 8/1/49

83a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia

19a. DATE OF OPERATION - - - — 19b. MAJOR FINDINGS OF OPERATION - - - — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - — (CITY OR TOWN) - - - - (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? - - - - -

22. I hereby certify that I attended the deceased from 8/1, 19 49, to 5/29, 19 51, that I last saw the deceased alive on 5/29, 19 51, and that death occurred at 11:40a. m., from the causes and on the date stated above.

SIGNATURE Jacob Arrowsmith M.D. — (Degree or title) — ADDRESS Crownsville, Maryland — DATE SIGNED 5/29/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 6/4/1951 — NAME OF CEMETERY OR CREMATORY Mt. Calvary cem. — LOCATION (City, town, or county) Balto. Md (State)

DATE REC'D BY LOCAL REG. 6/1/51 — REGISTRAR'S SIGNATURE a a Hebert — 24. FUNERAL DIRECTOR ADDRESS Elroy O. Wilson 1000 Brantly Ave

JT

683308

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04506

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrills
LENGTH OF STAY (in this place) 2 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Academy Dairy

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 799 Kearney Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Valentine (Last) HAYMANN.

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 8/30/78

9. AGE last birthday: 72 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Sales Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Diesel Engines

11. BIRTHPLACE (State or foreign country): Webster, Mass

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Haymann

14. MOTHER'S MAIDEN NAME: Jane Anne Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 152-05-5362A

17. INFORMANT AND ADDRESS: Miss Alice C. Haymann Gambrills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal Insufficiency — Interval Between Onset and Death: ?

260 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes — Interval Between Onset and Death: 8 years.

61 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐ —

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1951, to 5/4/51, 19....., that I last saw the deceased alive on 5/4, 1951, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gustave A. Fauber M.D. Silver Burnie, Md. 5/7/51

23. ~~BURIAL~~, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF 5-8-51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Bridgeport Conn

DATE REC'D BY LOCAL REG. May 7 1951 — REGISTRAR'S SIGNATURE R. M. Joyce

24. FUNERAL DIRECTOR ADDRESS John W. Taylor Son Annapolis Md.

0495-16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04507

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 1 mos. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 518 N. Gilmore Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Higgins (Last) (Higgins)

4. DATE OF DEATH: (Month) 5/21/51 (Day) (Year) 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: not known

9. AGE last birthday: 50(?) yrs.
If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fire watcher

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): not known

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service): ********

16. SOCIAL SECURITY No.: ?

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Meningioma — known since 4/16/51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

223 X
56d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 4/16/51, 19..., to 5/21/51, 19..., that I last saw the deceased alive on 5/21/51, 19..., and that death occurred at 2?35 A.M. m., from the causes and on the date stated above.

SIGNATURE: Jos. Hungerford M.D. (Degree or title)

ADDRESS: Crownsville, Md.

DATE SIGNED: 5/21/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/23/51

NAME OF CEMETERY OR CREMATORY: Mt. Calvary Auburn

LOCATION (City, town, or county) (State): Cedar Hill Md.

DATE REC'D BY LOCAL REG.: 5-23

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: A. Halstead

ADDRESS: 918 Cedar Hill Ave, 053116

MARYLAND STATE DEPARTMENT OF HEALTH 04508

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS POLICE STATION HOUSE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PINES ON THE SEVERN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) JOSEPH (Last) HOLLINDE

4. DATE OF DEATH: (Month) 5 (Day) 12 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 8-26-1907

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: HEATING Eqpt.

11. BIRTHPLACE (State or foreign country): PORT RICHMOND NY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM E. HOLLINDE

14. MOTHER'S MAIDEN NAME: ELLA A. NAGEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: 33 DECKER AVE RAYMOND HOLLINDE PORT RICHMOND N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide by hanging

9748 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

164a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY City Jail (CITY OR TOWN) Annapolis (COUNTY) A.A. (STATE) Md.

TIME OF INJURY (Month) May (Day) 12 (Year) 1951 (Hour) 9:20 p.m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Hanged himself by neck in Annapolis City Jail

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Caffey M.D. Deputy Medical Examiner Annapolis Md 5/13/51.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 5-13-1951 | NAME OF CEMETERY OR CREMATORY Ocean View Cemetery | LOCATION (City, town, or county) Port Richmond (State) N.Y.

DATE REC'D BY LOCAL REG. 5/13/51 | REGISTRAR'S SIGNATURE [illegible] French | 24. FUNERAL DIRECTOR John M. Sayler Son ADDRESS Annapolis Md.

470687

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1950
12

MARYLAND STATE DEPARTMENT OF HEALTH

04509

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS. A15

1. PLACE OF DEATH: COUNTY A A. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendship; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendship; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Wallace (Last) Holmes

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1951

5. SEX: Fem

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: March 1882

9. AGE last birthday: 69 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Clay Wallace

14. MOTHER'S MAIDEN NAME: Lilly Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Clarence Holmes Friendship Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Apoplexy	1 day
493X 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardio-Vascular Disease	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/26, 1951, to 5/27, 1951, that I last saw the deceased alive on ..., 19..., and that death occurred at 5:10 A.m., from the causes and on the date stated above.

SIGNATURE: Theodore L. Johnson (Degree or title) M.D. ADDRESS 40 Northwest Street Annapolis Md DATE SIGNED 5/28/51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF May 31, 1951 NAME OF CEMETERY OR CREMATORY Mount Cemetary LOCATION (City, town, or county) Bristol (State) Md

DATE REC'D BY LOCAL REG. May 31, 1951 REGISTRAR'S SIGNATURE W. M. Clayton Deputy Reg

24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis Md.

720836

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04510

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ~~Howard~~ ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fort Meade Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) Marley Neck Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) H. (Last) HOWARD
4. DATE OF DEATH (Month) May (Day) 25, (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9/I9/I892
9. AGE last birthday: 58 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: State Road Com.
11. BIRTHPLACE (State or foreign country): Glen Burnie Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Sarah Jane Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): War # I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Theador Howard, Marley Neck Rd., Glen Burnie Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Arteriosclerotic Cardiovascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
934 (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE B F Fisher (Degree or title) M.D. ADDRESS 700 Fleet St., Balto. 2 Maryland DATE SIGNED May 26, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/29/I95I
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore City

DATE REC'D BY LOCAL REG. 5/28/51
REGISTRAR'S SIGNATURE: a W Hedrick
24. FUNERAL DIRECTOR ADDRESS: Elroy O. Wilson I000 Brantly Av

VS. A15A

JT

970917

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

M

MARYLAND STATE DEPARTMENT OF HEALTH 04511

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Galesville
LENGTH OF STAY (in this place) 17 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shantytown section

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Galesville
STREET ADDRESS (If rural, give location) Shantytown section

3. NAME OF DECEASED (Type or Print) (First) GREGORY (Middle) DEXTER (Last) HUTTON
4. DATE OF DEATH (Month) May (Day) 18 (Year) 1951

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH Dec 2 1949
9. AGE last birthday 1 yrs. If under 1 year: Months 5, Days. If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Annapolis Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ORVELLE HUTTON
14. MOTHER'S MAIDEN NAME Betty Tongue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Betty Tongue, Galesville Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a)	Asphyxia from smoke	
916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	1st. Degree Burns.	
180 (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at home
(CITY OR TOWN) Galesville (COUNTY) A.A. (STATE) Md
TIME OF INJURY (Month) May (Day) 18 (Year) 1951 (Hour) 11.15 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? House burned.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Claffy M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis, Md DATE SIGNED 5-18-51.

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF May 19 1951
NAME OF CEMETERY ~~OR CREMATORY~~ Galesville Cemetery
LOCATION (City, town, or county) (State) Galesville Md.

DATE REC'D BY LOCAL REG. May 19-1951
REGISTRAR'S SIGNATURE N. R. Claytor
24. FUNERAL DIRECTOR T. A. Haidaty & Son ADDRESS Galesville Md.

Dy [illegible]

(x-1)

Item 21 Film G133 6/6/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

04512

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Geo. G. Meade — LENGTH OF STAY (in this place): 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia — COUNTY: Spotsylvania
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fredericksburg
STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Morrow (Last) Jensen

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 24 Aug 1926

9. AGE last birthday: 24 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Pvt. Harley W. Jensen (H) Co E, 2d Bn 3d Cav. FGGM, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Phenol Poisoning.	2 hrs.
971.X 163 f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Laurel (CITY OR TOWN) Pr.Geo. (COUNTY) Md. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Poison taken by self. (6-5-51 - ams)

22. I hereby certify that I attended the deceased from May 12, 1951, to May 12, 1951, that I last saw the deceased alive on May 12, 1951, and that death occurred at 6:17 P. m., from the causes and on the date stated above.

SIGNATURE: W. L. CAHALL, 1st Lt MC (Degree or title) — ADDRESS: Ft Meade Army Hospital, Ft. Meade, Md. — DATE SIGNED: May 12, 1951

W. L. Cahall Jr. 1st Lt, M.C.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 17 May 51 — NAME OF CEMETERY OR CREMATORY: Unknown — LOCATION (City, town, or county) (State): Clarksville, Tenn.

DATE REC'D BY LOCAL REG.: 16 May 51 — REGISTRAR'S SIGNATURE: Paul W. Mitchell — PAUL W. MITCHELL, 1st Lt MSC

24. FUNERAL DIRECTOR — ADDRESS: Donaldson Funeral Home, Laurel, Md.

720826

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04513

Reg. Dist. No. 6

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel County; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 3 yrs. 11 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. F. D. #1, Ridgely, Md.
STREET ADDRESS (If rural, give location) R. F. D. #1

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Harry	S.	Johns		5	25	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	single	8/8/20	30 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - -
10b. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Johns
14. MOTHER'S MAIDEN NAME: Lottie Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. II
16. SOCIAL SECURITY NO. - - -
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hodgkin's Disease	Known to us since July, 1950
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia - Paranoid Type — Known to us since June, 1947

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-	- - - -	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
- - - -	- - - -	- - - -	-	-

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
- - - -			m.		- - - - -

22. I hereby certify that I attended the deceased from 6/8/, 19 47, to 5/25, 19 51, that I last saw the deceased alive on 5/25, 19 51, and that death occurred at 12:15 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jacob Mengueiter M.D. ADDRESS Crownsville, Maryland DATE SIGNED 5/25/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 28, 1951	Sandhoard	Hillsboro Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/28/51	K. M. Joyce	J. V. Moore & Son	Denton, Md

K. M. Joyce

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04514

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Council
LENGTH OF STAY (in this place) 18 years 7 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Effie (Middle) (Last) Jones

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1951

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1894

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ward

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: D.T.S. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease with — Interval Between Onset and Death: 7 years +

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency — imbecile — since birth

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1944, to May 3, 1951, that I last saw the deceased alive on May 3, 1951, and that death occurred at 3:39 P.M., from the causes and on the date stated above.

SIGNATURE: J. A. Slater M.D. (Degree or title) ADDRESS: District Training School DATE SIGNED: Loyal 5-3-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 5/4/51 | NAME OF CEMETERY OR CREMATORY: Woodlawn | LOCATION (City, town, or county) (State): D.C.

DATE REC'D BY LOCAL REG. 5/4/51 | REGISTRAR'S SIGNATURE: Clara Baslup | 24. FUNERAL DIRECTOR ADDRESS: Mahoney & Sibley 424-R St NW

No - 99

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

04515

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severna Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cedar Crest Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3343 Woodland Ave.

3. NAME OF DECEASED (Type or Print): (First) Joseph Aloysius (Middle) (Last) Jones

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 19 I95I

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3/22/76

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Hanger

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Daniel Jones

14. MOTHER'S MAIDEN NAME: Katherine Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Miss Anna V. Jones, Silver Springs.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Arterioslerosis — Interval Between Onset and Death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

450.0
97

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/26, 19 5I, to 5/9/5I, 19, that I last saw the deceased alive on 5/9/5I, 19, and that death occurred at 9 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gustave H. Faubert MD Eden Burnie Md. 5/10/5I

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF: 5/12/5I — NAME OF CEMETERY OR CREMATORY: Mt Olivet St. Mary's — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 5/10/5I — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: W. W. Faltavull — ADDRESS: Washington D.C.

3619 1st NW 69456

MARYLAND STATE DEPARTMENT OF HEALTH

04516

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: An. Ar.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) (Last) Kess

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/8/06

9. AGE last birthday: 44 yrs. If under 1 year: Months 5 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At. Home

11. BIRTHPLACE (State or foreign country): Anne Arundel Co., Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Edward Johnson

14. MOTHER'S MAIDEN NAME: Elenora Briscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Morris Kess - Pasadena, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1 day

443X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular Disease

932

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to May 17, 1951, that I last saw the deceased alive on May 16, 1951, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

SIGNATURE: G. Brady Smith (Degree or title) M.D. ADDRESS: Riviera Beach, Md. DATE SIGNED: 5/17/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/20/51 — NAME OF CEMETERY OR CREMATORY: Magothy Chr. — LOCATION (City, town, or county) (State): A.A.Co., Md.

DATE REC'D BY LOCAL REG.: 5/17/51 — REGISTRAR'S SIGNATURE: A. W. Hedrich 11

24. FUNERAL DIRECTOR — ADDRESS: Wm. A. Jackson, 916 Pa. Ave. Balto. Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04517

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 28 Madison St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis, Maryland
STREET ADDRESS (If rural, give location): 28 Madison St.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) E (Last) KING

4. DATE OF DEATH: (Month) May (Day) 5, (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	March 20, 1865	86 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Carpenter	self Employed	Anne Arundel co., Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas ~~(Unknown)~~ King	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No — No		Mrs. Edna May King Madison St. Annapolis, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Dilatation of the Heart (Immediate	Instant.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Vascular Disease	1y.
	(c)	

4/22.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR
m.		

22. I hereby certify that I attended the deceased from Jan. 1, 1951, to May 5, 1951, that I last saw the deceased alive on May 4, 1951, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

SIGNATURE: Albert R. Anderson (Degree or title) MD — ADDRESS: 44 Southgate Ave. Annapolis, Md. — DATE SIGNED: 5/7/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 9, 1951	Edward's Chapel	Parole, Anne Arundel Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5/8/51	W. J. French M.	B.L. Hopping and Son Annaplis, Md.

510246

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04518

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; LENGTH OF STAY (in this place): MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville (Rural); STREET ADDRESS (If rural, give location): Waterbury Road

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Allen (Last) Korback

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 15, 1951

9. AGE last birthday: yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours 20; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Gotts Station, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry W. Korback

14. MOTHER'S MAIDEN NAME: Katherine F. Darnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: ~~Katherine F. D~~ Henry W. Korback Crownsville Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

053.4 Immediate cause (a) BACTERIMIA — Interval Between Onset and Death: 15 HRS -

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Aspiration at Birth

240 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/16/1951, to 5/16/1951, that I last saw the deceased alive on 5/16/1951, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE: Philip Persico (Degree or title) MD ADDRESS: 212 Prince Frederick St DATE SIGNED: 17 May 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 17, 1951 | NAME OF CEMETERY OR CREMATORY: Glen Haven | LOCATION (City, town, or county) (State): Glen Burnie

DATE REC'D BY LOCAL REG.: 5/17/51 | REGISTRAR'S SIGNATURE: L. Hall Allen

24. FUNERAL DIRECTOR: R V Singleton ADDRESS: Glen Burnie

905151 99V991 Da French

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

Rec 04519

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Geo. G. Meade
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1438 Monteplier St.

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Leonard

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 27 May 1951

9. AGE last birthday: yrs. — If under 1 year: Months — Days: 0 — If under 24 hrs.: Hours: 21 — Min.: 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul P. Leonard

14. MOTHER'S MAIDEN NAME: Mary Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Mrs. Paul P. Leonard (m) 1438 Monteplier St Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
773.5 Immediate cause	(a) Respiratory Failure	21 hrs 35 min
159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	21 hrs 35 min
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 May, 1951, to 28 May, 1951, that I last saw the deceased alive on 28 May, 1951, and that death occurred at 11:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

MARY E. STEINHEIMER, CAPT., MC

Mary E. Steinheimer Capt. M.C. U.S. Army Hospital Ft. Meade Md. 28 May 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 29 May 51

NAME OF CEMETERY OR CREMATORY: Post Cemetary

LOCATION (City, town, or county) (State): Fort George G. Meade, Md.

DATE REC'D BY LOCAL REG.: 5 June 1951

REGISTRAR'S SIGNATURE: PAUL W. MITCHELL 1st Lt MSC

24. FUNERAL DIRECTOR: T. M. Andrysiak, Major (Chap Corps USA) ADDRESS: Ft. Geo. G. Meade, Md.

205271 29126

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

04520

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fort Georges E. Meade Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 602 S. Ann St.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) (Last) MAJKA.

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 3rd 1907

9. AGE last birthday: 44 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY: Dry. Co.

11. BIRTHPLACE (State or foreign country): Baltimore. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stanislaus Majka

14. MOTHER'S MAIDEN NAME: Mary Szczur

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-10-0056

17. INFORMANT AND ADDRESS (sister): Mrs. Victoria Nehring - Millersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 3 years

0002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

13b

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐: —

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1st, 1951, to May 30, 1951, that I last saw the deceased alive on May 25, 1951, and that death occurred at 3:40 P. m., from the causes and on the date stated above.

SIGNATURE: Gustav H. Paschen M.D. (Degree or title) ADDRESS: Glen Burnie Md. DATE SIGNED: 5/30/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/2/51 — NAME OF CEMETERY OR CREMATORY: St. Stanislaus — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 5/31/51 — REGISTRAR'S SIGNATURE: A A Hedrick J.T.

24. FUNERAL DIRECTOR: J. J. Brzezynski — ADDRESS: 1417 Eastern Ave

5-70 499

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04521

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bay Side Beach — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bay Side Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EMILIE (Middle) (Last) MALFREGEOT

4. DATE OF DEATH: (Month) (Day) (Year) May 10, 1951 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 20, 1872

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): France

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Olga Chevauk, Bay Side Beach, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac decompensation — 5 years

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — 5 years

93d (c) Cardiac hypertrophy — 15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 29, 1951, to May 12, 1951, that I last saw the deceased alive on May 9, 1951, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Randall M. McLaughlin M.D. Pasadena. Md. May 10. 1951

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF 5/14/51 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Anne Arundel Co. (State) Md.

DATE REC'D BY LOCAL REG. May 12th 1951 — REGISTRAR'S SIGNATURE R.W.S.

24. FUNERAL DIRECTOR — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04528

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville
LENGTH OF STAY (in this place): 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rockville, Md.
STREET ADDRESS (If rural, give location): none known

3. NAME OF DECEASED (Type or Print): (First) Fred (Middle) (Last) Martin

4. DATE OF DEATH (Month) (Day) (Year): 5/3/51 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: not known

9. AGE last birthday: 48(?) yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wood Martin

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): xxxxxxxxxxxxxxxxxx

16. SOCIAL SECURITY NO.: xxxxxxx

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer of Liver — known since March, 1951

156.1

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46 f

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): none
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 7/20/38, 19...., to 5/3/51, 19...., that I last saw the deceased alive on 5/3/51, 19...., and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jacob Morgenstern M.D.
ADDRESS: Crownsville, Md.
DATE SIGNED: 5/3/51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 5/15/51
NAME OF CEMETERY OR CREMATORY: University Med School
LOCATION (City, town, or county) (State): Balto City Md

DATE REC'D BY LOCAL REG.: 5/15/51
REGISTRAR'S SIGNATURE: L. J. De Alba
24. FUNERAL DIRECTOR ADDRESS: Frances A Hemsley 578 N Biddle St

VS. A15

970VVV

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS.

04523

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Altoona Beach — LENGTH OF STAY (in this place) FEW HOURS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stoney Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piedmont
STREET ADDRESS (If rural, give location) 95 E. Hampshire ✓

3. NAME OF DECEASED (Type or Print): (First) BERNARD (Middle) CLAY (Last) MAYBURY

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 7-25-27

9. AGE last birthday: 23 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: BERNARD MAYBURY

14. MOTHER'S MAIDEN NAME: MYRTIS MAYBURY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 723-07-9708

17. INFORMANT AND ADDRESS: 93 E. HAMPSHIRE ST BERNARD MAYBURY PIEDMONT, W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DROWNING

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office building, etc.) OF INJURY Stoney Creek — (CITY OR TOWN) Altoona Beach — (COUNTY) A.A. — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): May 30 1951 7:45 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Dived off landing into Creek and drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John M. Clatty M.D. Deputy Medical Examiner Annapolis Md 5/30/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: JUNE 2, 1951 — NAME OF CEMETERY OR CREMATORY: ST. PETERS — LOCATION (City, town, or county): WESTERN PORT — (State): MD

DATE REC'D BY LOCAL REG. 6/4/51 — REGISTRAR'S SIGNATURE: L. DeAlba — 24. FUNERAL DIRECTOR: W Singleton — ADDRESS: Glen Burnie, Md.

Meseke

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04524

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Homewood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Severna Park
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) REBECCA (Last) MESEKE

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Oct. 12, 1862

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis Rae

14. MOTHER'S MAIDEN NAME: Mary Elder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. Howard Wilcox - Severna Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis Chr. & Myocardial Insufficiency — Interval between onset and death: Several years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio Sclerosis — Several years

(c)

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1951, to May 12, 1951, that I last saw the deceased alive on May 11, 1951, and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE: George C Bowie (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 5-12-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 5/15/51 NAME OF CEMETERY OR CREMATORY: Loudon Park LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 5/14/51 REGISTRAR'S SIGNATURE: A W Helmick

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS: Balto. Md.

JT

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04525

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent, P.O. Odenton | LENGTH OF STAY (in this place) 44 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent P.O.
STREET ADDRESS [illegible] (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Henry (Last) Milton Sr.
4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1951

5. SEX: male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: Nov. 1-1880 | 9. AGE last birthday: 70 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ticket Agent. Pkwy | 10b. KIND OF BUSINESS OR INDUSTRY: Railroad R.R. | 11. BIRTHPLACE (State or foreign country): Charles County, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Henry Milton. | 14. MOTHER'S MAIDEN NAME: Jane Dorothy Maddox.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 717-07-7852 | 17. INFORMANT: Mrs. Clara Milton (wife.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gustave A. Faulenbach, M.D. Deputy Med. Examiner. Glen Burnie, Md 5/2/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 5-4-51 | NAME OF CEMETERY OR CREMATORY St Ignatius | LOCATION (City, town, or county) Chapel Pt. (State) Md.

DATE REC'D BY LOCAL REG. May 3, 1951 | REGISTRAR'S SIGNATURE Clara Corkett | 24. FUNERAL DIRECTOR John M. Taylor Son | ADDRESS Annapolis Md.

380 506

VS. A15A

Item 9 on:
FILM No. G 132 MAY 17 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04526

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 2 mos. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): not known

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Moses
4. DATE OF DEATH: (Month) 5/9/51 (Day) (Year) 19

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): not known
8. DATE OF BIRTH: not known (Approx 43)
9. AGE last birthday: not known.
If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not known
10b. KIND OF BUSINESS OR INDUSTRY: not known
11. BIRTHPLACE (State or foreign country): not known
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: not known
14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: ~~xxxxxxxxxx~~
16. SOCIAL SECURITY NO.: ~~xxxxxxx~~
17. INFORMANT AND ADDRESS: Hospital Records (Patient picked off streets)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Paresis — known since 2/27/51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

025X
30b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 2/27/51, 19....., to 5/9/51, 19....., that I last saw the deceased alive on 5/9/51, 19....., and that death occurred at 9:20 A. m., from the causes and on the date stated above.

SIGNATURE: Jacob Brenglerster M.D. (Degree or title)
ADDRESS: Crownsville, Md.
DATE SIGNED: 5/9/51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 5/10
NAME OF CEMETERY OR CREMATORY: University Med School
LOCATION (City, town, or county) (State): Balto City Md

DATE REC'D BY LOCAL REG.: 5/10/51
REGISTRAR'S SIGNATURE: L P Dalton
FUNERAL DIRECTOR: Frances A Hemsley
ADDRESS: 578 N Biddle St

Item 21 on:
FORM No. G 133 MAY 24 1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04527

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn — LENGTH OF STAY (In this place) 3 months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Donaldson ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS Possit (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	Edgard	Mundell.	May	14	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	Colored.	Single.	1/29/51	yrs.	3	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Severn, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clarence Mundell	Elzina Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	None	Mrs. Elzina Edwards, (Mother) Severn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

924.0 **Immediate cause** (a) Suffocation — Sudden

182 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Severn	A.A.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
5-14-51 m.		At home — in his parents bed. (5-24-51 -ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gustave F. Faubert M.D.	assistant med. examiner	Odenton, Md.	5/14/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/16/1951	Mt. Pisgah Mem.	A.A. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/16/51	C	Mrs Katie R. Williams	Severn, Md.

VS: A15A

401291 22 4407

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04528

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn — LENGTH OF STAY (in this place) 25 YRS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Cherry Lane	STREET ADDRESS (If rural, give location) 115 Cherry Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William		Partlow	5	9	51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	3/9/1894	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Chemial Plant	Clover S.C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Milas Partlow	Emma Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Bessie Partlow-115 Cherry Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of bladder	5 MOS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 181X 52b	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March '51	Carcinoma of bladder	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/23, 1950, to 5/9, 1951, that I last saw the deceased alive on 5/1, 1951, and that death occurred at 10 30 m. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) BAYNER BROWNE, M.D.

ADDRESS 1500 EAST MADISON ST. BALTIMORE 5, MD.

DATE SIGNED 5/10/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/13/51	Mt Calvary	B. A. Co., Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/11/51	[signature]	J. L. Brown & Son	10 & W Montgomery St

VS-A15

970607

MARYLAND STATE DEPARTMENT OF HEALTH

04529

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) King Geo.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) HOWARD (Last) PETTEBONE

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1951

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH: 10-2-1896

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAXI-DRIVER

10b. KIND OF BUSINESS OR INDUSTRY: TAXI

11. BIRTHPLACE (State or foreign country): St Margarets

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles H. Pettebone

14. MOTHER'S MAIDEN NAME: Louisa Pettebone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Charles B. Pettebone Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 > hrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 P.M. 5-21-51, 19..., to 11 A.M. 5-22-51, 19..., that I last saw the deceased alive on 5-22, 19 51, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE: George C. Bouis (Degree or title) M.D ADDRESS Annapolis md DATE SIGNED 5-23-51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE THEREOF 5-24-51 | NAME OF CEMETERY OR CREMATORY St Margarets | LOCATION (City, town, or county) St Margarets (State) Md

DATE REC'D BY LOCAL REG. May 24, 1951 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR John M. Taylor Sr ADDRESS Annapolis Md

682536

Henry Pandora

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04530

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park | LENGTH OF STAY (In this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 Grove Park Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oliver Beach
STREET ADDRESS (If rural, give location) Box 462 - Baltimore - 20 ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
IDA	M.	PHELPS	May 27-1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
F	W	Widow	Nov 21 1883	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	Own Home	Delaware	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John M. Armstrong	Emma Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Mrs Margaret Wilson. Brooklyn Park.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral Hemorrhage	sudden
447X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a (b)	Hypertensive Vascular Disease	unknown
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm M. Laffey M.D.	Deputy Medical Examiner	Annapolis Md.	5/26/51.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 29-51	Loudon Park	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/28/51	[illegible]	Mamie C. Syfert	1600 W. North Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04531

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Severn
LENGTH OF STAY (In this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Severn.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) Anna (Last) Ries

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan 3 1878

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Co Maryland

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Paul Schultheis

14. MOTHER'S MAIDEN NAME: Margaret Metzler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Frederick Ries

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	1 1/2 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic Heart Disease	10 Years.
	(c) Diabetes	22 Years

260X
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Nov, 1950, to May 12, 1951, that I last saw the deceased alive on May 8, 1951, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edward J Chenitt	M.D.	Cambrills Md	5-13-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, or county) (State)
Burial	May 16-51	Lorraine Cem	Benson Mill Rd

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/14		Edw Jackson	1359 Wash Blvd Balto Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04538

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena (Rural); LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mountain Road (Near Gibson Isld.)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena (Rural)
STREET ADDRESS (If rural, give location) Mountain Rd. (Near Gibosn Isld.)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HILDA	E. M.	RILEY	May	3	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Sept. 12, 1894	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House work	Own home	Baltimore, Md.	U.S.

13. FATHER'S NAME: William G. Boblitz

14. MOTHER'S MAIDEN NAME: Mary E. Creamer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Miss Hilda E. Riley, Route 1, Box 34 Pasadena, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute pulmonary edema	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac decompensation	5 days
002X 138	(c) Pulmonary tuberculosis, far advanced	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 21, 1951, to May 3, 1951, that I last saw the deceased alive on May 2, 1951, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Randall M. McLaughlin	MD	Pasadena, Md	May 3, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 5, 1951	Mt. Carmel	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/4/51	L. J. DeAlton	Thomas W. Singleton,	Glen Burnie, Md

Items 11,13,14, on:

FILM No. G 133 MAY 24 1951

MARYLAND STATE DEPARTMENT OF HEALTH

04533

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1426 - M. St.

3. NAME OF DECEASED (Type or Print): (First) WILLIS (Middle) C (Last) ROBERTS

4. DATE OF DEATH: (Month) MAY (Day) 20 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: OCT. 10, 1903

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): W.S.S.A.

10b. KIND OF BUSINESS OR INDUSTRY: Defense Dept.

11. BIRTHPLACE (State or foreign country): Covington Kentucky

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Roberts

14. MOTHER'S MAIDEN NAME: Elizabeth Springmier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: World War II

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: SVEND C. OHRVALL, WASH. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis

(c)

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John M. Claffy, M.D. Deputy Medical Examiner Annapolis My 5/ 20/5

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF May 20, 51 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Pittsburg Pa (State) Washington D.C.

DATE REC'D BY LOCAL REG. May 20, 1951 | REGISTRAR'S SIGNATURE W. T. Trench

24. FUNERAL DIRECTOR Martin W. Kysoly Co. — ADDRESS 1300 N.H. Ave. N.W. Wash. D.C.

M

I

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

** MARGIN RESERVED FOR BINDING **

MARYLAND STATE DEPARTMENT OF HEALTH 04534

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups rural
LENGTH OF STAY (in this place) 61 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jessups, Md. Gen. Del.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY An. Ar.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups, rural
STREET ADDRESS (If rural, give location) Jessups, Md. Gen. Del.

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) — (Last) Ruppert
4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Nov. 25, 1889
9. AGE last birthday: 61 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard, State
10b. KIND OF BUSINESS OR INDUSTRY: State
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Ruppert
14. MOTHER'S MAIDEN NAME: Elizabeth Clank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS: Mrs. Mary Ruppert, Jessups, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Paroxysmal nocturnal dyspnea — 5 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Heart block Bundle branch block — 2½ years
coronary insufficiency
(c) Hypertensive arteriosclerotic cardiovascular disease — 3-5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to May, 1951, that I last saw the deceased alive on 10 May, 1951, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Thomas R. Ulshafer M.D. 322 Pr. Geo. St., Laurel, Md. 18 May 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 5/22/51 | NAME OF CEMETERY OR CREMATORY Meadowridge | LOCATION (City, town, or county) (State) Washington Blvd.

DATE REC'D BY LOCAL REG. 5/21/51 | REGISTRAR'S SIGNATURE A. W. Hedrich dm | 24. FUNERAL DIRECTOR ADDRESS John F. Denny, Inc. 715 Light St. - 30

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04535

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place) D.K.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 900 Spa Road

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) (Last) SNOWDEN

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1951

5. SEX: female

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct 10 1910

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Monroe N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lester Mitchell

14. MOTHER'S MAIDEN NAME: Ida Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Thomas Mitchell 1316 Dewey St Alexandria Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Bright's Disease — Interval between onset and death:

444K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
131 b (b) Chronic essential hypertension
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Elseffy M.D. Deputy Medical Examiner Annapolis Md 5/25/51

23. BURIAL, ~~CREMATION~~ REMOVAL, (Specify) DATE THEREOF May 30 1951 NAME OF CEMETERY OR CREMATORY Family Cemetary LOCATION (City, town, or county) Monrol (State) N.C.

DATE REC'D BY LOCAL REG. May 28, 1951 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis.

710826 Mod.

MARYLAND STATE DEPARTMENT OF HEALTH

04536

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jones — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jones (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lurnia (Middle) (Last) Sommerville

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow | 8. DATE OF BIRTH: Nov 1887 | 9. AGE last birthday: 63 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): An. Ar. Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Jackson
14. MOTHER'S MAIDEN NAME: Louise Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Grace Brown. Jones, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Disease

254X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 63d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) Severn Rd. | (COUNTY) An. Ar. | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10-51, 19..., to 5-14-51, 19..., that I last saw the deceased alive on 5-14-51, 19..., and that death occurred at 6 P.M. m., from the causes and on the date stated above.

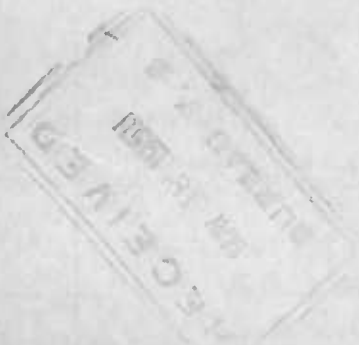
SIGNATURE: G. T. Callen (Degree or title) M.D. ADDRESS 10 Conrad DATE SIGNED 5-17-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 17, 1951 | NAME OF CEMETERY OR CREMATORY: Waymon Good Hope. | LOCATION (City, town, or county): Jones' A.R.Co. | (State): Md.

DATE REC'D BY LOCAL REG.: May 17, 1951 | REGISTRAR'S SIGNATURE: W. E. French | 24. FUNERAL DIRECTOR: J.B. Johnson | ADDRESS: Annapolis, Md.

VS. A15

7205 26



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04537

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; MARYLAND LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenock, Bristol P.O.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Plummer	Stallings	May	14	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
M	White	Married	Nov 5 1882	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm tenant FARMING	TOBACCO-CORN	Friendship A.A.Co Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Amos Stallings	Caroline Phibbons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	no	Norval Stallings Sudley Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis.	unknown
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John M. Caffey M.D.	Deputy Medical Examiner	Annapolis Md.	5/14/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	May 16, 1951	Int Zion	Lothian A.A.Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-15-51	[signature]	D.A. Standerfer & Son	Galesville Md

100105

VSI A15A

Items 8, 18 G133 5/29/51 www

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04538

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH
COUNTY ANN-ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FT. GEORGE G MEADE, MD
LENGTH OF STAY (in this place) 6 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2599 - FT GEORGE G MEADE, MD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD COUNTY ANN ARUNDEL.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FT. GEORGE G MEADE, MD.
STREET ADDRESS (If rural, give location) 2599 - FT. GEORGE G MEADE, MD.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SAMUEL	OSBORNE	STALLINGS	MAY	4	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	MARRIED	DEC 12 1884	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTOR	HOUSE	MD. MD. ANN ARUNDELL Co	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES FRANCIS STALLINGS	EMMA WHEELER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	UNKNOWN.	JAMES L STALLINGS 40 BOURQUE, BALT 29 MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

196 × Immediate cause (a) CORONARY OCCLUSION

452 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) METASTATIC CA.

(c) Primary site: mandible, right (5/29/51 akc)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERAL DEBILITY

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 APRIL, 1951, to 4 MAY, 1951, that I last saw the deceased alive on 4 MAY, 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE Howard A. Boyd (Degree or title) Capt MC ADDRESS FT. GEORGE G MEADE MD. DATE SIGNED 4 MAY 51

23. BURIAL, ~~CREMATION~~, ~~REMOVAL (Specify)~~	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	5/6/51	Memorial Cemetery	Mayo Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10 May 51	PAUL W. MITCHELL, 1st Lt MSC	John M. Taylor Son Annapolis, Md. 510246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Deachat 12:27 a.m. 4-May-1951 Lafourant James & Hall

Seen By M.D. at 1:27 A.m.

78.
1551
67.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04539

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Market

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 91 Market

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) C. (Last) STURM

4. DATE OF DEATH: (Month) 5 (Day) 1 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 8-30-1874

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John J. Monahan

14. MOTHER'S MAIDEN NAME: Catherine Steinmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Myrtle Sturm 91 Market St Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis Due to Heart — Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Cardio Vascular Disease — 1 yr.

4122.1 934

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to May 1, 1951, that I last saw the deceased alive on May 1, 1951, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Albert Anderson M.D. — ADDRESS 44 South Gate Ave Annapolis — DATE SIGNED 5-4-51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF 5-4-51 — NAME OF CEMETERY OR CREMATORY St Mary's — LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. May 3, 1951 — REGISTRAR'S SIGNATURE W. J. French — 24. FUNERAL DIRECTOR John M. Taylor Son — ADDRESS Annapolis Md.

VS. A15

Items 8, 9 Film G133 6/8/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

04540

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY OR TOWN Crownsville; LENGTH OF STAY (in this place) 1½ months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Anne's; CITY OR TOWN Chester; STREET ADDRESS Box 13 (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	George	Sullivan	5	29	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	widowed	8/29/1870	81 yrs. 7 mos.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman	Oysters	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joshua Sullivan	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		- - -	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis	Known to us since 4/4/51
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: Senile Psychosis- Simple Deterioration — Known to us since 4/4/51

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- -	- - - - - -	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
- -	- -	- - - - - -		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
- - -			m.		- - - - - -

22. I hereby certify that I attended the deceased from 4/4/, 1951 to 5/29, 1951, that I last saw the deceased alive on 5/29, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Jacob Mayerstein M.D.	Crownsville, Maryland	5/29/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/2/51	Union Cem.	Chester Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/1/51	A W Hedrick	Elroy O. Wilson	1000 Bienville Md

VS. A16

JT

9/0126

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04541

CERTIFICATE OF DEATH

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Laurel
LENGTH OF STAY (in this place) 14 years 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Tr. Sch.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 1633 4 St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Virginia (Middle) (Last) Taylor

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1951

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Mar 5 1894

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Taylor

14. MOTHER'S MAIDEN NAME: Josephine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: D.C. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pernicious anemia	3 months
4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Myocardial degeneration	3 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency - imbecile — 54 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 23, 1956, to May 24, 1951, that I last saw the deceased alive on May 23, 1951, and that death occurred at 5:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. A. Alston, MD. ADDRESS District Training School Laurel Md DATE SIGNED 5-24-51

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF 5-29-51 — NAME OF CEMETERY OR CREMATORY Holy Rood — LOCATION (City, town, or county) (State) Washington D C

DATE REC'D BY LOCAL REG. May 24-51 — REGISTRAR'S SIGNATURE Clara Cushing

24. FUNERAL DIRECTOR Ambrose B Boyd 165 — ADDRESS 1238-20th St NW

Items 3, 10: informant's statement filmed 6-13-51 G 133 LL

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04542

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1420 West St	STREET ADDRESS 1420 West St. (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JOHN	ALBERT	ARTHUR TAYMAN.		MAY	4	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
MALE	WHITE		Oct. 2, 1873	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired Mech. Engineer	Railroad	Prince George C. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John C. Tayman	Sophia Ogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. A. Guy Tayman Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bullet wound in chest thru heart	sudden
97X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 164c	(b) .38 cal. revolver	
	(c) self inflicted	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY at home	(CITY OR TOWN) Annapolis	(COUNTY) A. A.	(STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
May 4 1951 5 pm.		self inflicted bullet wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John M. Caffey	M.D. Deputy Medical Examiner	Annapolis Md	5/4/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	5/7/51	Edwards Chapel	Parole A.A. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5	W. J. French	John M. Taylor Son Annapolis, Md.	

54506

MARYLAND STATE DEPARTMENT OF HEALTH

04543

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn P.O. Millersville R.F.D. 3 mile | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, T
STREET ADDRESS (If rural, give location) 1420 - N. Mount st.

3. NAME OF DECEASED (Type or Print): (First) Carolyn (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH: March 17, 1928

9. AGE last birthday: 23 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Gary, West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Hatmacks

14. MOTHER'S MAIDEN NAME: Mary Chappell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): No.

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Henry Hatmacks - 1420 - N. Mount st. Balt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple burns over body

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) burns and face — Sudden.

(c)

816.5
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 2 | (CITY OR TOWN) P.O. Millersville (COUNTY) A.A. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 5/5/51 - 24 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Automobile Collision.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Gustave A Faucheux M.D. Deputy Md. Coron. Glen Burnie Md. 5/5/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/8/51 | NAME OF CEMETERY OR CREMATORY Mt. Auburn | LOCATION (City, town, or county) (State)

DATE RECD BY LOCAL REG. 5/8/51 | REGISTRAR'S SIGNATURE H.W. Tedrick | 24. FUNERAL DIRECTOR W. Halstead - 918 | ADDRESS Druid Hill ave. 720826

D3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04544

Reg. Dist. No. 3

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) six years2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) not known

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) (Last) Thomas
4. DATE OF DEATH (Month) (Day) (Year) 5/4/51 19

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: about 1883 not known
9. AGE last birthday: 68(?) yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): selling fish
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: David Thomas
14. MOTHER'S MAIDEN NAME: Mary Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ~~unknown~~
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	known since	1/26/45
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)		
	(c)		

4222
932

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis known since """""

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 1/26/45, 19....., to 5/4/51, 19....., that I last saw the deceased alive on 5/4/51, 19....., and that death occurred at 6:45 A. m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): Jacob Wagreich M.D.
ADDRESS: Crownsville, Md.
DATE SIGNED: 5/4/51

23. BURIAL, CREMATION / REMOVAL (Specify): Removal
DATE THEREOF: 5/10/51
NAME OF CEMETERY OR CREMATORY: University Med School
LOCATION (City, town, or county) (State): Baltimore Md

DATE RECD BY LOCAL REG.: 5/10/51
REGISTRAR'S SIGNATURE: L. H. Dallam
24. FUNERAL DIRECTOR AND ADDRESS: Frances A Hemelby 5-7 W Biddle St

650221

MARYLAND STATE DEPARTMENT OF HEALTH

04545

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. — LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chunchton - Deale Beach.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington. D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 315 14th Place. N.E Washington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Morton (Last) Treadway.

4. DATE OF DEATH: (Month) MAY (Day) 6 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Nov. 6th 94

9. AGE last birthday: 56 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER/ PAPERHANGER

10b. KIND OF BUSINESS OR INDUSTRY: Self employed.

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY: USA.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No. No

17. INFORMANT AND ADDRESS: Joseph G. Treadway - Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cereberal vascular accident — 1 1/2 hrs

443X 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1951, to May 6, 1951, that I last saw the deceased alive on May 6, 1951, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Bruce Lenn Grant M.D. — Shady Side, Md. — 5.6.51.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 9th — NAME OF CEMETERY OR CREMATORY Cedar Hill - — LOCATION (City, town, or county) Rt. 650. C. Prince Georges Co. — (State) Md.

DATE REC'D BY LOCAL REG. May 7th 1951 — REGISTRAR'S SIGNATURE S.M. Clayton — 24. FUNERAL DIRECTOR — ADDRESS H.W. Chambers Co. 517-11th St S.E. Wash. D.C.

564246

Item 18 Film G133 6/5/51 w.w.

04546

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLEN BURNIE — LENGTH OF STAY (in this place) 8 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 VIRGINIA AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY AA CO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLEN BURNIE
STREET ADDRESS (If rural, give location) 33 VIRGINIA AVE

3. NAME OF DECEASED (Type or Print): (First) LILLIAN (Middle) M. (Last) WALKER

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: MAY 6, 1905

9. AGE last birthday: 46 yrs. — If under 1 year: Months — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): BALTO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN HIGDON

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ---

17. INFORMANT AND ADDRESS Husband HOLLAND L. WALKER GLEN BURNIE A.A. CO. 12 VIRGINIA AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intestinal Obstruction — 2 wks.

199.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fibrosarcoma c Metastases (Five tumors removed - rt. thigh, shoulders, other sites) — 3 yrs.

55e (c) Secondary Anemia — 12 wks.

(6-5-51 - ams)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1951, to May 20, 1951, that I last saw the deceased alive on May 20, 1951, and that death occurred at 6:45P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

C. Kilton Leitheiser, M.D. Leitheiser Hyte, Md May 20, 1951.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 5/23-1951 | NAME OF CEMETERY OR CREMATORY GLEN HAVEN | LOCATION (City, town, or county) (State) Anne Arundel Co.

DATE REC'D BY LOCAL REG. 5/22/51 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR James L. McCully — ADDRESS 130 E. FORT AVE

MARYLAND STATE DEPARTMENT OF HEALTH

04547

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN PARK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 FIFTH AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD; COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN PARK
STREET ADDRESS (If rural, give location) 202 FIFTH AVE

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) JANE (Last) WAMPLER

4. DATE OF DEATH: (Month) 5 (Day) 23 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEB. 4, 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM LARKINS

14. MOTHER'S MAIDEN NAME: SARAH FRANK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: MRS ANNA FIELD 202 5TH AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	6 days
443X 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio vascular disease	2
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18, 1951, to 5/23, 1951, that I last saw the deceased alive on 5/22, 1951, and that death occurred at 12:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harry Deiker M.D. 1226 Hanover St. 5/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 5/26/51
NAME OF CEMETERY OR CREMATORY: GLEN HAVEN
LOCATION (City, town, or county) (State): RITCHIE HIGHWAY

DATE RECD BY LOCAL REG.: 5/25/51
REGISTRAR'S SIGNATURE: Wm. Hedrick
24. FUNERAL DIRECTOR: JOHN F. DENNY, INC. ADDRESS: 715 LIGHT ST

-30

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04548

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY A.A. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 21 | LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5415 Annapolis Rd (Weber) Brentwood Heights

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anne	Margaret	Webber	May	28	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	7/31/86	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None (N.W.)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Christian Hoffman
14. MOTHER'S MAIDEN NAME: Mary Meder.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-14-2148
17. INFORMANT: William W Hoffman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Cervix – (Metastatic) to all Organs	5 yrs.
171X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 48a	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardio-Vascular Disease | 10 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.	Treated with Radium & X-ray past 12 mo.	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept., 1949, to 5/28, 1951, that I last saw the deceased alive on 5/28, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above:

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas. L. Ball Jr. M.D.		Linthicum	5/28/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 31, 1951	Baltimore	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/30/51	L. J. Wallace	W Bevington	Glen Burnie, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04549

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 71 Conduit St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 71 Conduit

3. NAME OF DECEASED (Type or Print): (First) MAUDE (Middle) F. (Last) WHITNEY

4. DATE OF DEATH: (Month) 5 (Day) 8 (Year) 1957

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 3-12-1867

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Bennington Vt.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Fairbrother

14. MOTHER'S MAIDEN NAME: Lizzie Ann Moulds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Miss Belle F. Whitney Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic cardio-vascular disease & hypertension	10 yrs.
442 X 932	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 45, to 5 18, 19 57, that I last saw the deceased alive on 5 18, 19 57, and that death occurred at 10:10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Bosworth	M D	Annapolis Md	5/19/57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	5-11-57	Hillside Cemetery	Peekskill N. Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/10/57	Mrs. Bosworth	John W. Sayler Son	Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH

04550

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Truxton Heights

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) Truxton Heights

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Virginia (Last) Wilkinson

4. DATE OF DEATH: (Month) 5 (Day) 5 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Jan 4 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Francis McDaniel

14. MOTHER'S MAIDEN NAME: ~~McDaniel~~ Esther A. Cover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Esther Pearl Tucker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Cardiovascular Disease 5 yrs.
(c) Diabetes M. yrs

260X 61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Von Recklinghausen Disease —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec. 24, 1949, to 5/5/, 1951, that I last saw the deceased alive on 4/21/51, 19....., and that death occurred at 1:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank M. Shipley, M.D. 63 College Ave. Annapolis 5/5/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 5/8/51 | NAME OF CEMETERY OR CREMATORY Moreland Park | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 5-7-51 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

H.J. Ruck 5305 Harford Rd 14

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04551

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General	STREET ADDRESS (If rural, give location): 3 mile oak

3. NAME OF DECEASED (Type or Print): (First) HORACE G. (Middle) WILLIAMS (Last)				4. DATE OF DEATH (Month) (Day) (Year): May 8, 1951					
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: May 29, 1872	9. AGE last birthday: 78 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Tobc. Farm	11. BIRTHPLACE (State or foreign country): Anne Arundel Co., Md.	12. CITIZEN OF WHAT COUNTRY? USA						
13. FATHER'S NAME: William Williams		14. MOTHER'S MAIDEN NAME: Martha Murdock							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Mrs. Gertrude Williams Annapolis, Md							

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Gangrene of the right leg	One week
4/22/1 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular	4 Months
(c) Disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 2, 1951, to May 8, 1951, that I last saw the deceased alive on May 8, 1951, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert M. Anderson	MD	44 Eastgate Dr. Severna Pk. Md.	5/8/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 11, 51	Cedar Bluff Cemetery	Annapolis, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 11, 1951	Mrs. T. French	B.L. Hopping and Son	Annapolis, Md.

105/105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04552

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Marylandq; COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Issue
STREET ADDRESS (If rural, give location): none known

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) (Last) Wilson
4. DATE OF DEATH: (Month) (Day) (Year) 5/24/51 19
5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: May 25, 1872
9. AGE last birthday: 78 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer divorce
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Wilson
14. MOTHER'S MAIDEN NAME: Julia Thortes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: [redacted]
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Known to us since 1/27/51

4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — Known to us since 4/4/46

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): none
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 4/4/46, 19..., to 5/24/51, 19..., that I last saw the deceased alive on 5/24/51, 19..., and that death occurred at 1:05P.M. m., from the causes and on the date stated above.

SIGNATURE: Jacob Mayerstein M.D. (Degree or title)
ADDRESS: Crownsville, Md.
DATE SIGNED: 5/24/51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF: May 28
NAME OF CEMETERY OR CREMATORY: Holy Ghost
LOCATION (City, town, or county) (State): Issue Md

DATE REC'D BY LOCAL REG.: May 4 51
REGISTRAR'S SIGNATURE: K M Joyce
24. FUNERAL DIRECTOR / ADDRESS: Hontt & Ryon Waldorf Md

1:05 P.M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04553

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gambrills
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gambrills
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) (Last) Wilson

4. DATE OF DEATH: (Month) 5 (Day) 19 (Year) 1951

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: 9-23-1859

9. AGE last birthday: 91 yrs. If under 1 year: Months 7 Days 22; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper

11. BIRTHPLACE (State or foreign country): Fork Hautexent

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Allen Green

14. MOTHER'S MAIDEN NAME: Priscilla Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Della Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arterio Sclerosis	3 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hardening of Arteries	
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Age

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 19..., to May 15, 19..., that I last saw the deceased alive on May 15, 19..., and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

O. H. MacNemar MD Millersville Maryland

23. BURIAL, CREMATION REMOVAL (Specify): B | DATE THEREOF: 5-22-51 | NAME OF CEMETERY OR CREMATORY: Mt. Tabor | LOCATION (City, town, or county) (State): Chesterfield Md.

DATE REC'D BY LOCAL REG.: May 22 51 | REGISTRAR'S SIGNATURE: K. M. Joyce

May 23

24. FUNERAL DIRECTOR ADDRESS: Wm. Reese II 108 Washington, St. Annapolis, Maryland

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